

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **496**

1. Place of Death: (a) County Yuma (b) City or Town Yuma Rural (c) Location General Hospital  
(d) Length of Stay: In Hospital or Institution 12 hrs (Specify whether years, months or days) 18 years in Arizona 18 years  
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma Rural  
(d) Street No. Rural (e) Citizen of foreign country (yes or No) no

3. (a) FULL NAME Rhumide Graves (b) If Veteran name war no If Yes, which country none Social Security No. none (If NONE write the word)

4. Sex female 5. Color or Race White 6. (a) Single, married, widowed widowed  
6. (b) Name of husband Jack Graves 6. (c) Age of husband 75 or wife, if alive 15 yrs.  
7. Birthdate of deceased Sept. 18 1867  
8. AGE: Years 75 Months 1 Days 15 If less than one day hrs. min.  
9. Birthplace Bowling Green Kentucky  
(City, town or county) (State or Country)

10. Usual Occupation housewife  
11. Industry or Business Home  
12. Name Robert Logan  
13. Birthplace unknown  
(City, town or county) (State or Country)  
14. Maiden Name unknown  
15. Birthplace unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature Bere of failure  
(b) Address RT 1 Box 226 Yuma Ariz

17. (a) Burial, Cremation or Removal Removal  
(b) Place Weatherford Texas (c) Date 11/4/42

18. (a) Embalmer's Signature A. Johnson  
(b) Funeral Director The Johnson Mortuary  
(c) Address Yuma, Arizona

19. (a) November 3, 1942  
(b) Mary A. Whiffelman  
(Date received from Registrar) (Registrar's Signature)

20M 100% Reg 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 2 1942  
TIME (Hour and minute) 5:00 a M.

21. I hereby certify that I attended the deceased from 10/31 1942 to 11/2 1942  
that I last saw him alive on 11/2/42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Other conditions Congestive heart failure  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (a) Means of injury

23. Signature William A. Phillips M. D.  
Address Yuma, Ariz Date signed 11/3/42

DURATION

36 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically